



CITY OF BLOOMINGTON  
parks and recreation

## 2017-2018 Kid City/Break Days Health Form

Camper's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (upcoming year): \_\_\_\_\_

T-shirt size (please circle one) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large  
*Kid City Summer Camp only-does not apply to Break Days participants.*

Legal Guardian: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

☐ YES, this person is authorized to make changes to the information on this form, and pick up this child from Break Days or camp.

Legal Guardian: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

☐ YES, this person is authorized to make changes to the information on this form, and pick up this child from Break Days or camp.

### Medical Information

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Does your child have:	Yes	No	Does your child have:	Yes	No
Allergies?			Any medications? (please list below)		
Infections or diseases?			Limited physical, social, cognitive and/		
Dietary modifications?			or behavioral skills?		

If you answered yes to any of these questions, if you would like to exempt your child from an activity, or if you can provide any information that will help us provide a better camp experience for your child, please explain.

Date of child's most recent immunizations: DTAP \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_ Other \_\_\_\_\_

***This health form is valid from June 1, 2017 through May 31, 2018. If there are any changes to this information, please contact the Bloomington Parks and Recreation Department office at 812-349-3700.***

Camper's Name:

(Last)

(First)

## Reasonable Accommodations\*

Does your child require an accommodation due to health, physical, social, cognitive, and/or behavioral needs?

☐ YES

☐ NO

*If yes, you will be contacted by the inclusive recreation coordinator.*

***\*We require at least two weeks' notification for accommodation requests. In some cases reasonable accommodation may take longer.***

## Emergency Contacts

*Please list people who may be contacted in an emergency. We will attempt to contact one of these people (in the order listed) if we are unable to contact a legal guardian.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Authorized Pickup

*Please list the people, other than yourself or other legal guardians who already have authorization, who are allowed to pick up your child from Break Days or Summer Camp. Anyone NOT on list will not be permitted to pick up your child.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

## Waiver Statement - must be signed to participate

I understand that this waiver is valid from June 1, 2017 through May 31, 2018.

I understand that my child may be photographed or videotaped during his/her participation in this activity, and consent to the reproduction of such photos or videos electronically, in print, and in social media for advertising and publicity purposes.

I give permission for my child to attend all field trips as part of Break Days and Kid City Summer Camp programs.

The undersigned is the parent or legal guardian of the program participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the program participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the program participant sustains an injury in the course of the program, and the Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The program participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity.

It is understood that the release applies to any present or future injuries and that it binds the undersigned, undersigned's spouse, heirs, executors and administrators.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_